

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039235

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 58

Primary Registration District No. 5216

Registrar's No. 23

STATE FILE NUMBER

FILED NOV 15 1963

1. PLACE OF DEATH

a. COUNTY

CARTER

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN PIKE TOWNSHIP

Length of stay in 1b
LIFE

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION HOME

Inside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY CARTER

c. CITY OR TOWN

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)
2 mile East of Fremont, Mo.

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)

First Enoch

Middle ARMELA

Last TURLEY

4. DATE OF DEATH

Month 11

Day 8

Year 63

5. SEX

MALE

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

11/1/1870

9. AGE (last birthday)

93

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARMER

10b. KIND OF BUSINESS OR INDUSTRY

CARTER CO. Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Richard Turley

13b. MOTHER'S MAIDEN NAME

MARGARET SNIDER

14. NAME OF HUSBAND OR WIFE

KATIE TURLEY

15. WAS DECEASED EVER IN U.S. ARMED FORCE (Yes, no, or unknown) (If yes, give war or dates)

NO

17. INFORMANT

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Circulatory Failure

INTERVAL BETWEEN ONSET AND DEATH, 12 hrs.

DUE TO (b)

Chronic myocarditis and

6 yrs

DUE TO (c)

Chronic Arteriosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 3-10-51 to 11-8-63 and last saw him alive on Oct 25, 1963

Death occurred at 9:15 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Pewitt-Sloan

VAN BUREN, Mo.

Nov. 13 - 1963

Mrs Octa Henson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

ITEM NO.

VS 300
Rev. 4/59

1 0180

2 0181

3

4 0

5 2

6

7 0

8 0

9 4/221

10

11

12 90-2

13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Donald B. Sloan

Licensed Embalmer No. 5127

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.